Mankind Takes up Challenge of Malaria

World Health Day Statement

by Dr. C. Mani,
W.H.O. Regional Director

The worldwide effort to eradicate malaria represents the concluding stages of a war against one of the most ancient scourges of mankind.

History is full of instances of the ravages of malaria. Flourishing communities are known to have been wiped out and fertile lands laid waste. Even today the disease continues to be a constant threat to 1,000 million of the world’s people. Half of this number live in WHO’s South East Asia Region (comprising Afghanistan, Burma, Ceylon, India, Indonesia, Nepal, Thailand, Maldives Islands and Portuguese India).

The realization of the devastating effect of malaria on the health and economy of the world has led the 90 member countries of the World Health Organization to agree on a gigantic effort aiming at complete elimination of the disease. The result is the greatest coordinated public health programme ever undertaken and today anti-malaria operations are in progress, although at different stages, in 92 countries or territories of the world.

The task involves planning and preparation on a tremendous scale. It needs tens of thousands of teams of field workers and millions of tons of supplies and equipment. Hundreds of millions of homes must be visited, hundreds of millions of blood tests carried out and tons of drugs supplied. Remote habitations must be visited, requiring all manner of mechanized or animal transport, and several categories of specialists—including doctors, engineers, and laboratory workers—and lay helpers must be mobilized to work in coordination.

In a task requiring centralized planning and coordination on such a large scale, the main responsibility is naturally that of the health administrations but, as in all public health activity, the programme must depend for its success on the enthusiastic cooperation of the general public. The people must realize that all planning becomes useless if time schedules cannot be adhered to.

But there is a still bigger reason why the malaria eradication programme, once launched, must be carried to its conclusion. Evidence is now available of some kinds of malarial mosquitoes developing resistance to the most effective insecticides now in use. This means that if the advantage we now have over the mosquito is not pressed home quickly and efficiently, our most powerful weapon against the disease may become obsolete.

Spraying of the interiors of houses with insecticides is basic in the strategy of malaria eradication. The idea is to make walls and other surfaces lethal to the mosquito, which has a habit of resting on them after a blood meal. It becomes a carrier of the disease after biting a malaria patient. If the surface on which it rests after the bite is treated with insecticide, the mosquito will not live long enough to pass on the disease to other people. The chain of infection is thus broken.

Much valuable time can be saved if the people have their houses ready for spraying when the spraying team arrives. It is also important that every single house be treated with the insecticides. An untreated house may well become a pocket of infection and a threat to the entire community. Therefore any person who, through indifference or ignorance, neglects to have his house sprayed should be prevailed upon by his enlightened neighbours to fall in line with the rest of the community.

In the second phase of the programme, when the spraying is over, attention is concentrated on the discovery and treatment of malaria patients. The people can render valuable assistance by promptly reporting all cases of fever to the health authorities, and by observing the rules to prevent the infection from spreading.

While malaria is a world problem, this part of the world—where governments are fighting on several fronts to ensure a better life for the people—has a special stake in the fight that has now been launched.

Kill that Mosquito

Eradication will mean the liberation of millions from this enslaving disease which saps the energy of the people, kills initiative and is economically ruinous. For instance, it is estimated that in one country of this Region India, the annual economic loss caused by this disease is Rs. 2,350,00,000. On the positive side is the example of Ceylon where the virtual disappearance of malaria has resulted in a saving of about Rs. 1,410,00,000 a year—which is six times the total expenditure on the 10-year anti-malaria campaign.

I hope that World Health Day provided the opportunity to start a process of education of the public leading to their active cooperation in the effort which the Governments of this Region are making to wipe out malaria.

THE NURSING JOURNAL OF INDIA